LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By: LOBBYISTS (Sec. 67-6619) Page 1 of 2 Page(s)
THIS SPACE FOR OFFICE USE ONLY

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SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink)

			at bottom of page					ŀ						
Lobbyis	t's name and	permanent busine		. [Date prepared				Period covered					
Brian Judy										month ending				
555 Capitol Mall, Suite 625							April 7, 2005					01 -3		
Sacramento, CA 95814						, , , , , ,				(Mo.)	(Day)	(Yr.) 1		
			i			ŀ	03	31	05					
Item 1	Totals	of all reportab	le expenditures made or	incurred by	y Lobbyist	or by	Lobbyist's Emplo	oyer on b	ehalf of	Lobbyis	i's Emplo	уег.		
	tegory of Ex	4.33	Proportionate amounts contributed by each employer (Identify employers, under											
Reimbursed Personal Living and Trave Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			* Total Amount for All Employers	Item 3, at bottom of					- 1		<u> </u>			
			All Employers	Employer No. 1		Employer No. 2		Employer No. 3		.3	3 Employer No. 4			
Entertainment Food and Refreshment			\$206.83	\$206.83		. s .		s		_ ;	·			
Living Accommodations			228.82	228.82		- -		 		_				
Advertising			0.00	0.00								·		
Travel			466.09	466.0										
Telephone			0.00	·	0.00									
Other Expenses or Services			32.75		32.75					-				
		Total	\$934.49	s	934.49	- \$ ₋	0.00	s	0.	00		0.00		
*1			you are reporting for requi							uld be en	tered on Pa	ge i.		
item											10			
2	Date		Place	Amou	nt	Names (N Legisian	OIS OF TU	oric Orice	iata in Gioc				
	N/A			- 1										
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L	Castlaura			ļ			l							
Continued on attached page(s)														
INSTRUCTIONS							Item 5 Employer(s) Name(s) and Address(es)							
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.							No.1 National Rifle Association - Institute for Legislative Action							
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.							No.2							
TO BE FILED WITH: Ben Y sursa Secretary of State							No.3							
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No.4								
		120,004.												

Item 4		Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.									
	Date		Amount		Name of Legislator Receiving or Benefited						
	N/A	-			_						
Item 5	or H	ouse Bill,	Resolution or other	tion, the number of the Senate r legislative activity in which			BJECT	IDENTIFICATION			
Subject (from	t Code	Bill, R. Legislat	was supporting or a tesolution or Other stive Ident. Number SB 1135	Appropriation Bill Number	01 02 03	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletica and sports Banking, finance, credit and	17 18 19	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes			
		SB 1136			05 06 07	Investments Children, minors, youth, sealor citizens Church and religion Consumer affairs Recology, environment, pollution, conservation, zoning, land and	20 21 22 23	Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining			
					08 09 10	water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs	24 25 26	Liquor Massufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products			
					12 13 14	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal	27 28 29	Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads			
					15	Government, special districts Government, state	3 0 31	Utilities, communications, televisions, radio, newspaper, power, CATY, gas Other (please specify)			
CERTIF	CATIC	ON: I her	oby certify that the	above is a true, complete and a 67-6624 Idaha Code.							
5			dy_	4/7/05							